

DEPARTMENT OF HEALTH SERVICES

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July 15, 1997

Rec'd 8/1/97

PPL No. 97-012

To All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

CLAIMING FOR "PROGRAM PLANNING AND POLICY DEVELOPMENT"

The purpose of this transmittal is to inform all Local Governmental Agencies (LGAs) participating in the Medi-Cal Administrative Activities (MAA) program of a recent amendment to the Agreement Between the Health Care Financing Administration (HCFA) and the State of California, Department of Health Services (DHS), originally executed on November 28, 1995. The amended language concerned the claiming of Program Planning and Policy Development (PP&PD).

The policy, heretofore described regarding PP&PD, specified that PP&PD was claimable only when performed *full-time* by a unit of one or more employees whose tasks officially involved PP&PD and that PP&PD activities were not allowable when performed by Targeted Case Management (TCM) case managers, or LGA *subcontractors*.

The amended HCFA Agreement language allows LGAs to claim for LGA/LEA employees providing PP&PD on either a *full-time or part-time* basis and for LGA *subcontractors* performing PP&PD support services. PP&PD activities are not allowable MAA activities when performed by TCM case managers. The effective date for claiming costs for PP&PD activities, performed by subcontractors or performed on a part-time basis, would be no sooner than the quarter beginning July 1, 1997.

The "definitions" listed below, which were previously contained in the HCFA Agreement and the PP&PD MAA Claiming Plan Instructions, have been expanded to provide more specific descriptions of *allowable* PP&PD functions. Note that a fourth definition has been added. These expanded definitions will eventually be included in the MAA/TCM Provider Manual:

1. **Developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps; includes analyzing Medi-Cal data related to a specific program or specific group.**

- a. Assess the service capacity of the system and its providers and identify gaps in Medi-Cal services.
- b. Establish goals, objectives, and activities for meeting identified gaps in Medi-Cal services.
- c. Collect, maintain, and analyze reporting and recording system data elements for use in Medi-Cal program evaluation.
- d. Develop and review policies, procedures, and standard protocols for coordinating health-related programs and services for Medi-Cal clients.

2. Interagency Coordination to Improve Delivery of Medi-Cal Services.

- a. Develop, maintain, and analyze management information systems related to Medi-Cal services.
- b. Participate in strategic planning for Medi-Cal clients.
- c. Participate in interagency or community discussions on systems capacity for Medi-Cal clients and develop strategies to close service gaps.
- d. Provide information to contract providers on Medi-Cal program policy and regulation.
- e. Develop and assess the effectiveness of assessment and referral forms, treatment plans, and other health care documents related to the provision of Medi-Cal services.
- f. Negotiate and process MOUs and special agreements that support interagency coordination to improve the delivery of Medi-Cal services.
- g. Provide technical assistance to subcontractors to enhance interagency coordination to improve the delivery of Medi-Cal services.

3. Developing resource directories of Medi-Cal services/providers.

- a. Develop resource directories of Medi-Cal services and other supportive directories which improve a persons' ability to access Medi-Cal services.

4. PP&PD support services provided by LGA subcontractors that facilitate the LGA's ability to perform approved PP&PD activities. Examples may include, but are not limited to the following:

- a. Developing Medi-Cal services directories.
- b. Preparing Medi-Cal data reports.
- c. Conducting needs assessments related to Medi-Cal services.
- d. Preparing proposals for expansion of Medi-Cal services.

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Also enclosed, are examples of PP&PD activities that **are** allowable and **are not** allowable. These examples were based on the results of a survey of the LGAs. These examples are designed to address concerns about vague definitions and the potential for inappropriate claiming for PP&PD. Establishing a clear connection between the activity and how it improves the delivery of Medi-Cal services is essential.

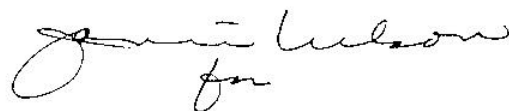
The "*MAA Claiming Plan Instructions*" for PP&PD, presently contained on Pages 16 & 22 of the DHS Policy and Procedure Letter **No. 96-015**, have been amended to incorporate the above PP&PD policy changes, and are enclosed for your information and use.

Please note that in order to claim for these PP&PD activities for quarters beginning July 1, 1997, **amendments** to the MAA Claiming Plans are **required** to be submitted. Failure to do any of the following will result in your ineligibility to claim PP&PD for LGA/LEA employees who perform this activity on a part-time basis, or LGA subcontractors. These amendments include:

- (1) Revised Claiming Unit Function form (page 3 of the MAA Claiming Plan Instructions), if either the *Description of the Claiming Unit Functions* or the *Grid* portion of the form are affected by these PP&PD changes.
- (2) Revised Claiming Plan for PP&PD (page 16 of the MAA Claiming Plan Instructions).
- (3) Amended position descriptions/duty statements with the PP&PD activities identified for the part-time employees or LGA subcontractors, according to the MAA Claiming Plan Instructions.

If you have any questions, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,

A handwritten signature in dark ink, appearing to read "Darryl Nixon", with a stylized flourish underneath.

Darryl Nixon, Chief
Medi-Cal Benefits Branch

Enclosures (2)

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Medi-Cal Administrative Activities:	X
Targeted Case Management:	N/A
Policy Effective Date:	Quarter Beginning 7/1/97
Policy Reference:	PPL No. 96-015

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EXAMPLES OF ALLOWABLE AND NOT ALLOWABLE
PROGRAM PLANNING & POLICY DEVELOPMENT (PP&PD) ACTIVITIES

Allowable PP&PD Activities:

1. Develop a plan to initiate *Mobile Clinic* services to provide CHDP exams and immunizations.
2. Develop an *interagency referral* and *tracking* system to expedite access to Medi-Cal services.
3. Participate on an *Interagency Perinatal* Task Force to develop strategies to improve access to CPSP services.
4. Participate on an *Ob-Gyn Advisory Committee*, comprised of physicians, managed care representatives, county employees, and community agency representatives. The purpose of the committee is to develop strategies to improve access to and increase Ob-Gyn services for Medi-Cal beneficiaries.
5. Participate on the *St. Vincent de Paul* Medical Advisory Committee. The purpose of the Committee is to identify health needs of the homeless, particularly families with children, and to develop strategies to address those needs. The majority of the clients are potentially Medi-Cal eligible.
6. Work in collaboratives with *school nurses* and community providers on a community needs assessment, development and implementation of services, and evaluation. The planned services include the full range of Medi-Cal services used by children.
7. Develop and review policies and procedures for coordinating medical services for *geriatric* patients.
8. Develop and maintain *Medi-Cal resource* information and *directories* of services.
9. Develop and oversee the *Medi-Cal Infant to Age Three* project to increase utilization of Medi-Cal services and Targeted Case Management.
10. Consult with medical providers on Medi-Cal policies and procedures to ensure that clients receive the *Medi-Cal services* for which they are eligible.
11. Coordinate, plan, and develop policies related to children's services which includes obtaining resources for Medi-Cal covered *school-linked health services* and the integration of county children's Medi-Cal service providers.

PP&PD Activity Examples

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12. Served on the *Infant Mortality Review Committee* which reviews deaths looking for medical issues in children under age one. The purpose is to develop objectives of prevention and medical intervention for high-risk families.
13. Develop and implement a *Spanish language* Medi-Cal referral telephone line.
14. Collect, analyze, and report Medi-Cal client *statistical data* in order to evaluate service needs and utilization.
15. Attend the *Infant Immunization Initiative* planning meetings to plan, implement, and evaluate increased Medi-Cal covered immunization services.
16. Recruiting for and accompanying Medi-Cal beneficiaries to a meeting to address barriers to Medi-Cal *enrollment and utilization* of Medi-Cal services.
17. Conducting surveys or focus groups with clients regarding *access* to and the effectiveness/appropriateness of current Medi-Cal services.

Not Allowable PP&PD Activities:

1. Participate in a *Youth Services Networking Breakfast* to discuss the causes of teen pregnancy.
2. Develop *interagency policies* and procedures to identify battered women.
3. Attend monthly Community Forum meeting, the purpose of which is *networking* and information sharing.
4. Proposal writing in a collaborative setting with other agencies for services *not related* to Medi-Cal.
5. Planning meetings with other agencies for services *not related* to the Medi-Cal program.
6. Conducting *referral providers* regarding services not related to Medi-Cal.
7. Conducting surveys or focus groups with clients regarding *non-Medi-Cal* services.
8. Attending *general training* on promoting community collaboration.

(F) PROGRAM PLANNING AND POLICY DEVELOPMENT
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

PROGRAM PLANNING AND POLICY DEVELOPMENT

This activity is claimable as Medi-Cal Administrative Activities (MAA) when program planning and policy development (PP&PD) is performed, either part-time or full-time, by one or more Local Governmental Agency/Local Education Agency (LGA/LEA) employees and subcontractors whose tasks officially involve PP&PD. LGA/LEA employees performing PP&PD must have the tasks identified in the employees' position descriptions/duty statements. If the programs serve both Medi-Cal and non-Medi-Cal clients, the costs of PP&PD activities must be allocated according to the Medi-Cal percentages being served by the programs.

Direct Charge

Costs may be claimed on the direct-charge portion of the MAA invoice if the employee performs PP&PD activities 100 percent of their paid working time. This activity is claimable ONLY if the administrative amounts being claimed for PP&PD persons and activities are not otherwise included in other claimable cost pools; and the amounts being claimed for such persons employed by *(and activities taking place in)* a service provider setting are not otherwise being reimbursed through the billable service rate of that provider. Costs for persons performing PP&PD functions less than 100 percent of their time will be based on a time-survey.

In counties with county-wide managed care arrangements, PP&PD activities are claimable as MAA only for those services that are excluded from the managed care contracts.

Under the conditions specified above, the following tasks are allowable as MAA under PP&PD:

1. Developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps. This includes analyzing Medi-Cal data related to a specific program or specific group.
2. Interagency coordination to improve delivery of Medi-Cal services.
3. Developing resource directories of Medi-Cal services/providers.
4. For subcontractors, some PP&PD support services are allowable, such as developing resource directories, preparing Medi-Cal data reports, conducting needs assessments, or preparing proposals for expansion of Medi-Cal services.

Not Allowable

1. This activity is not allowable if staff performing this function are employed full-time by LGA service providers, such as clinics. The full costs of the employee's salary are assumed to be included in the billable fee-for-service rate and separate MAA claiming is not allowed.
2. This activity is not allowable if staff who deliver services part-time in a LGA service provider setting, such as a clinic, are performing PP&PD activities relating to the service provider setting in which they deliver services.
3. PP&PD activities are not allowable MAA activities when performed by Targeted Case Management (TCM) case managers.

INSTRUCTIONS FOR PREPARING THE PROGRAM PLANNING AND POLICY DEVELOPMENT CLAIMING PLAN

The LGA must submit a detailed claiming plan which identifies:

1. The units or classifications being claimed and whether or not they are skilled professional medical personnel (SPMP).
2. Individually list each type of allowable PP&PD tasks performed by the staff.
3. If the activity is performed in the LGA's health department, identify the health programs involved.
4. Provide the location(s) where the activity(ies) is performed.
5. Indicate whether staff perform PP&PD activities full-time or part-time. For part-time performance of activities, indicate whether staff deliver direct services part-time in a billable setting and identify the setting.
6. Explain how the Medi-Cal discount percentage will be determined.
7. Describe the method that will be used for claiming, i.e., direct-charge or time-studies, and explain the method for determining time and costs.
8. Indicate whether and which PP&PD activities are being performed by contractors or consultants.

Documents Required

Attach to the claiming plan the following documents:

1. List of subcontractors, if applicable.
2. Copies of any contracts entered into for the performance of PP&PD that:
 - (a) clearly describe the PP&PD to be performed.
 - (b) describe how the time spent performing PP&PD will be documented.
 - (c) the effective date of the contract.
 - (d) the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount), and
 - (e) the dollar amount to be paid to the contractor.
3. Resource directories, if available.
4. A listing of staff employed in service provider settings who are involved with the four allowable MAA tasks above which are: developing strategies, interagency coordination, developing resource directories, and contracted support services. As noted above, PP&PD is not allowable if staff performing this function are employed by LGA service providers, such as clinics.